

**TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE**  
**(301) 305-6483**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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<b>TOTAL IND.</b>	<b>7</b>					
<b>TOTAL DEP.</b>	<b>10</b>					
<b>TOTAL CLAIMS</b>	<b>17</b>					

TOTAL IND.	↓	↓	↓
TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS			